<u>. T </u>					بمستناجات وبالات			14	4 8	201	150	
PATENT APPLICATION FEE DETERMINATION RECO							Application or Docket Number					
	Effec	tive Octo	ber 1, 2	001			•	023	, 4	- o ac	24	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS		9					RATE	FEE	7	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FE	370.00	ОЯ	BASIC FE	740.00	
TOTAL CHARGEABLE CLAIMS		G minus 20=		•			X\$ 9=		OR			
INDEPENDENT CLAIMS		minus 3 =					X42=	-	1		-	
MULTIPLE DEPE	RESENT					+140=	-	OR				
* If the difference in column 1 is less than zero, enter "0" in column 2						L			√ ```		77/1	
CLAIMS AS AMENDED - PART II							TOTAL	<u> </u>	lou	TOTAL	740	
(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OA	SMALL	R THAN ENTITY	
¥ .	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Total Independent	. //	Minus	-2	0	. /	ı	X\$ 9=	755		X\$18=	FEE	
Independent	. 2	Minus	183	5	1./	ŀ			OR		 / 	
I FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X42=		OR	X84=	-/	
BEST AVAILABI F COPY							+140=.		OR	+280=		
							TOTAL DOIT, FEE		OR	TOTAL ADDIT FEE		
	(Column 1)		(Colum		(Column 3)							
Total	CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	.20	Minus	-21	0	. /	ı	X\$ 9=		OR	X\$18=	- (**)	
Independent	. 3	Minus		3	•/	H	X42=			X84=	-/-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	-/	
	A				•	L	TOTAL		OR	TOTAL	/	
2.200	(Column 1)		(Colum	nn 2)	(Cotumn 3)	AC	OIT. FEE		OR,	ADDIT. FEE	4	
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total		Minus	-21	2	. —	Γ	X\$ 9=		OR	X\$18=		
Independent	• 2	Minus		2		1	X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1		-				
. If the entry is column 1 is less than the entry in column 2, write "0" in column 3.							140=		OR	+260=		
" If the "Highest No." ""If the "Highest No	ember Previously Pa ember Previously Pa mber Previously Paid	id For IN THE id For IN THE	S SPACE IS	less that	n 20, enter "20." n 3, enter "3."		TOTAL OIT. FEE			TOTAL DOTT. FEE IMIT 1.		
				,								
IM PTO-875 PLAK B	40.00					-	and Tradem	White III	DEP	BTUENT OF	COMMERCE	